

State Non-Medicare Retiree and Survivor Rates

Monthly GIC Plan Rates as of July 1, 2011

NON-MEDICARE PLANS

		NON-MEDICARE RETIREES Retired on or before July 1, 1994 And SURVIVORS ^{1, 2}		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		15%		20%	
Basic Life Insurance Only (\$5,000 coverage)		\$0.63		\$0.95		\$0.95		\$1.26	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Retiree/Survivor Pays Monthly		Retiree Pays Monthly		Retiree Pays Monthly		Retiree Pays Monthly	
		Individual	Family	Individual	Family	Individual	Family	Individual	Family
Fallon Community Health Plan Direct Care	HMO	\$ 45.19	\$107.56	\$67.78	\$161.35	\$67.78	\$161.35	\$90.37	\$215.13
Fallon Community Health Plan Select Care	HMO	55.75	132.93	83.64	199.39	83.64	199.39	111.51	265.85
Harvard Pilgrim Independence Plan	PPO	65.59	159.14	98.39	238.71	98.39	238.71	131.18	318.27
Harvard Pilgrim Primary Choice Plan	HMO	52.60	127.44	78.90	191.16	78.90	191.16	105.20	254.87
Health New England	HMO	44.13	108.47	66.20	162.71	66.20	162.71	88.27	216.94
NHP Care (Neighborhood Health Plan)	HMO	45.21	118.76	67.82	178.14	67.82	178.14	90.41	237.52
Tufts Health Plan Navigator	PPO	59.37	143.87	89.06	215.81	89.06	215.81	118.74	287.75
Tufts Health Plan Spirit	HMO-type	47.62	115.22	71.44	172.84	71.44	172.84	95.25	230.45
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) ³	Indemnity	122.71	285.09	164.16	381.48	164.16	381.48	205.61	477.87
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	82.91	192.77	124.36	289.16	124.36	289.16	165.81	385.55
UniCare State Indemnity Plan/Community Choice	PPO-type	44.64	106.26	66.97	159.39	66.97	159.39	89.28	212.51
UniCare State Indemnity Plan/PLUS	PPO-type	58.44	138.61	87.66	207.92	87.66	207.92	116.88	277.21

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ CIC is an enrollee-pay-all benefit.



Contribution percentages may change after the Commonwealth's FY12 budget is enacted.

For other plan considerations, see the GIC Benefit Decision Guide.



**Commonwealth of Massachusetts
Group Insurance Commission**

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For municipal and GIC Retired Municipal Teacher (RMT) rates, see separate rate sheets.

State Medicare Retiree and Survivor Rates

Monthly GIC Plan Rates as of July 1, 2011

MEDICARE PLANS

		MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ^{1, 2}	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010	MEDICARE RETIREES who filed for retirement after October 1, 2009
		10%	15%	15%	20%
Basic Life Insurance Only (\$5,000 coverage)		\$0.63	\$0.95	\$0.95	\$1.26
HEALTH PLAN (premium includes Basic Life Insurance)	PLAN TYPE	Retiree/Survivor Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly
		PER PERSON	PER PERSON	PER PERSON	PER PERSON
Fallon Senior Plan ³	HMO	\$26.95	\$40.43	\$40.43	\$53.90
Harvard Pilgrim Medicare Enhance	Indemnity	38.80	58.20	58.20	77.60
Health New England MedPlus	HMO	36.41	54.62	54.62	72.82
Tufts Health Plan Medicare Complement	HMO	38.83	58.25	58.25	77.66
Tufts Health Plan Medicare Preferred ³	HMO	26.38	39.58	39.58	52.76
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC (Comprehensive) ⁴	Indemnity	45.80	63.38	63.38	80.95
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)	Indemnity	35.15	52.73	52.73	70.30

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2012.

⁴ CIC is an enrollee-pay-all benefit.

State Retiree Benefits – Medicare and Non-Medicare

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

RETIRED EMPLOYEE AGE	RETIREE SMOKER PAYS Per \$1,000 of Coverage	RETIREE NON-SMOKER PAYS Per \$1,000 of Coverage
Under Age 70	\$ 1.64	\$ 1.29
70-74	2.87	2.26
75-79	7.82	5.98
80-84	14.82	11.31
85-89	23.46	17.92
90-94	33.64	27.24
95-99	73.49	59.47
Ages 100 and over	140.90	114.02

GIC RETIREE DENTAL PLAN RATES

\$1,000 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS
SINGLE	\$26.37
FAMILY	\$63.53

See Over for ACTIVE STATE
EMPLOYEE Rates

State Employee Rates

Monthly GIC Plan Rates as of July 1, 2011



		For Employees Hired Before July 1, 2003	
		20%	
		EMPLOYEE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY (\$5,000 coverage)		\$1.26	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care \$	HMO	\$ 90.37	\$215.13
Fallon Community Health Plan Select Care	HMO	111.51	265.85
Harvard Pilgrim Independence Plan	PPO	131.18	318.27
Harvard Pilgrim Primary Choice Plan \$	HMO	105.20	254.87
Health New England \$	HMO	88.27	216.94
NHP Care (Neighborhood Health Plan) \$	HMO	90.41	237.52
Tufts Health Plan Navigator	PPO	118.74	287.75
Tufts Health Plan Spirit \$	HMO-Type	95.25	230.45
UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)	Indemnity	205.61	477.87
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	165.81	385.55
UniCare State Indemnity Plan/Community Choice \$	PPO-Type	89.28	212.51
UniCare State Indemnity Plan/PLUS	PPO-Type	116.88	277.21

* CIC is an enrollee pay-all benefit

\$ Indicates a GIC Limited Network Plan Eligible for the Three-Month Premium Holiday



Contribution percentages may change after the Commonwealth's FY12 budget is enacted.

For other plan considerations, see your GIC Benefit Decision Guide.



**Commonwealth of Massachusetts
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For municipal rates, see separate rate sheets.

*For Employees Hired
On or After July 1, 2003*

25%

EMPLOYEE PAYS MONTHLY

\$1.58

INDIVIDUAL COVERAGE	FAMILY COVERAGE
\$112.97	\$268.91
139.39	332.32
163.98	397.85
131.50	318.59
110.34	271.18
113.02	296.90
148.43	359.69
119.06	288.07
247.07	574.26
207.27	481.94
111.61	265.65
146.10	346.52

LONG TERM DISABILITY RATES*

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE PAYS <i>Per \$100 of Monthly Earnings</i>
Under 20	\$0.09
20 - 24	\$0.09
25 - 29	\$0.11
30 - 34	\$0.15
35 - 39	\$0.19
40 - 44	\$0.38
45 - 49	\$0.55
50 - 54	\$0.77
55 - 59	\$0.98
60 - 64	\$0.89
65 - 69	\$0.41
70 and over	\$0.23

GIC DENTAL/VISION PLAN RATES*

*For Managers, Legislators, Legislative Staff and Certain
Executive Office Staff*

DENTAL/VISION PLAN	EMPLOYEE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Value (PPO) Plan	\$4.36	\$13.54
Classic (Indemnity) Plan	\$6.00	\$18.62

** Only available to active employees who meet certain criteria as
outlined in the GIC Benefit Decision Guide.*

OPTIONAL LIFE INSURANCE RATES – Including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	EMPLOYEE SMOKER PAYS <i>Per \$1,000 of Coverage</i>	EMPLOYEE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i>
Under Age 35	\$0.10	\$0.05
35 – 44	\$0.12	\$0.06
45 – 49	\$0.22	\$0.08
50 – 54	\$0.35	\$0.15
55 – 59	\$0.54	\$0.21
60 – 64	\$0.80	\$0.32
65 – 69	\$1.46	\$0.74
Age 70 and over	\$2.58	\$1.17

See Over for State RETIREE/SURVIVOR Rates